A Neuropharmacological Study on Patients Attitudes toward Dentist Dressing in Kerman Clinics

ELHAM FAROKH-GISOUR¹, LAYA EZAT ABDI², FATEMEH JAHANIMOGHADAM^{3*} and MEHRNAZ KHADEMI ⁴

¹Department of Pediatric Dentistry, Faculty of Dentistry, Kerman University of Medical Sciences, Member of Endodontic Research Center Kerman, Kerman University of Medical Sciences, Kerman, Iran.

²Member of Endodontic Research Center Kerman, Kerman University of Medical Sciences, Kerman, Iran.

³Department of Pediatric Dentistry, Kerman Oral and Dental Disease Research Center, Kerman University of Medical Sciences, Kerman, Iran.

⁴Department of Pediatric Dentistry, Dental Research Center, School of Dentistry, Kerman University of Medical Sciences, Kerman, Iran.

*Corresponding author Email: fatemehjahani4@gmail.com

http://dx.doi.org/10.13005/bpj/1159

(Received: May 17, 2017; accepted: May 26, 2017)

ABSTRACT

Dental fear is always there among the people, especially children. The consequences of this fear are lack of visiting the dentist and the loss of a golden opportunity to keep your teeth and oral health problems. This forecast measures necessary to reduce your fear of the dentist. The aim of this study was to investigate the attitudes of parents and children regarding the dressing of male dentist in private practice in Kerman city were done. This study included 150 parents and children referred to a private practice in Kerman and the sampling was performed randomly selected. The data collected included demographic information questions and 17 attitude questions the images. In this study, 56% of samples were mothers and 46% fathers formed. The mean age was 15 \pm 35 and mean age of fathers 18 ± 37. Parental education 2.66% lower diploma and 25.33 percent diploma and 72.01 percent had university education. 72.44 per cent of parents and children know wearing white robes and hair with regular appearance suitable for their dentist. The average score was inappropriate images of parents and children. Long white robes with regular hair dressing most positive score of parents and children, and formal wear (suit and tie) with irregular hair lowest positive score achieved in terms of parents and children. There was a significant relationship between education level of parents and their attitude in relation to dressing dentist 0.05Âp. There was a significant relationship between the ages of parents and their attitude in relation to dressing of dentist. 0.05Ãp Also, there was a significant relationship between the gender of parents and their attitude in relation to dressing of dentist 0.05Ãp. As regards the majority of parents and children wearing white robes agreed pediatric dentist less than expected from the dressing to fear.

Keywords: Privte Clinic, Dentist, dressing of male dentists, private practice, patients' attitudes.

INTRODUCTION

When almost everyone to see and do dental fear and anxiety¹⁻². Several factors about the cause of this fear and anxiety, including: 1) lack of knowledge and fear of painful actions for examination

2) Fear of the unknown 3) and the childhood fear of needles and injections and doctor by parents and caregivers to nurture and forbidding the wrong things caused³⁻⁴. Fear and anxiety factors include: 1) type of deal admission 2) physical environment that faced early 3) appearance (dressing, hair type

and facial makeup, etc.) and the dentist treated patients⁵. It can be expected that the fear and anxiety in children than in adults, especially in environments that are new and unknown to them⁶⁻⁹, in most cases this leads to a lack of dental fear and anxiety and examination and early diagnosis and treatment and the loss of a golden opportunity to maintain teeth and oral health problems can result. Measures to control, reduce and perhaps eliminate the anxiety of patients and especially children to see and do dental work when there is: 1) Awareness about dental procedures 2) ensure the accuracy and necessary care when performing dental work 3) try this exercise without pain 4) importance and role in the health and beauty of teeth 5) use of anesthetics and analgesics 6) Create the perfect environment (especially for children) such as changing the color, dressing and medical personnel 7) the use of music in the environment¹⁰⁻¹⁴

Ellore et al (2015) in his study examines the attitudes and preferences of parents and children in relation to the type of dressing during children dental procedures. The results showed that, contrary to popular belief, fear of white robes among children less than children and their parents are supposed and often prefer white robes. They also recommended that in dealing with distressed children, colored dressing and the children used to plan the patient to the dentist, is positive¹⁵. The majority of children participating in the study preferred the white dress with the label dentist has asthma and is gloves and masks; but most children use protective glasses protective hat was considered desirable. Most children with shoes of the dentist and no watch preferred, but they chose not to use the dentist than watch¹⁶. In another study, McKenna et al (2007) in their study investigates the views of patients referred to dentist and appeared on the school dressing. Their results showed that the majority of patients prefer a dentist who wear the traditional white dress and with it, the means of controlling the infection¹⁷. Since the dentist and dressing when working with patients in private practice wears and children and parents can trust and reduce fear and anxiety10. And parents' attitudes in this area create calm and accepting environment of the child and the dentist is involved; in this study, dressing and hairdressing and suitable for parents and children examined by a male dentist so far, Iran has not been any research on it.

MATERIALS AND METHODS

This study was a cross-sectional. Questionnaire on the children and parents attending dentists in private practice pediatricians and pediatric dentists have had dental work done. All subjects experienced pediatrician or dentist facing pediatric dentist who performs dental work or was their first experience. The questionnaires are randomly among referees to dentists and pediatricians' practice, distributors and clients were questioned. The sample size taking into account previous studies¹⁵ 150 questionnaires were given to parents and children and use it in conjunction with a desire to participate in the study and were asked how dental dressing. Each of the parents or children, to different dental dressing images were scores (from 4 = strongly agree to 1 = totally disagree). The questionnaire used in this study, based on previous studies16, 18 was designed where, 17 samples from male dentist dressing image next to each other, and children and their parents from 4 (very good) to 1 (very poor) scored. The questionnaire included male dentist images with different dressing that were used in previous studies¹⁸. The data were analyzed and evaluated by Spss software and for drawing diagrams were used. Total options suitable and fit perfectly as the score was considered positive.

Findings

In this study, a total of 150 questionnaires by 150 fathers and mothers first to receive dental care referred to the dental practice in Kerman or those who have had the experience of children who receive dental services have been completed. The average age of parents of participants was 37 with a standard deviation of 7.810 and 81 of the participants were female (54%) and 69 males (46 percent). Parental education was a high school diploma to a doctorate. 2.66% were lower than the diploma, 25.33 percent diploma, 4 percent associate degree and 47.33 percent Bachelor's degree, 14 percent MA and 6.66 percent were PhDs. There is a significant relationships between education level of mothers and fathers and their attitude regarding dental dressing P < 0.05. There are no significant correlations between the gender of parents, maternal age and the age of the fathers and their attitude in relation to the dressing of dentist. P> 0.05

Pictures 7, 9, 11, received the highest positive score. And among these images, the number 11 is the highest positive score. The perfect score and perfectly suited to pictures 1 to 17 as a percentage shown in Table 4. Figure 2 received the lowest positive score. Due to the difference between the images, no significant difference was observed between the images of the questionnaire.

DISCUSSION AND CONCLUSION

Review results of a survey that was conducted for the first time show the dressing have been accepted and the selection of respondents that looks clean and sober to the dentist of your health. Probably acceptable appearance reflects the knowledge and skills of dentistry. Pictures 7, 9 and 11 of 17 to the questionnaire image with the high percentage of positive scores were 72.44 compared to the rest of the images considerable differences suggest that appropriate pediatric dentist known. All three of these dressings white hair and regular appearance. A study in Italy in 2012 and in the large number of patients was conducted to select

the appropriate medical dressing and the results of this study confirmed¹⁹. In another study that was conducted in 2015 by Ellor et al, 70 percent of white children and 42 percent of parents preferred dentist¹⁵. Results of studies show that children usually have less fear of the dentist's waiting white robes. These results suggest that children tend to use white robes dentist more than their parents. It seems that parents' attitudes in relation to the type of pediatric dentist in the workplace with education, social culture, lifestyle, gender parent in fact, in this study there was a significant relationship between only the education level of mothers and fathers and their attitudes to dental dressing, the age and gender of the parent that are measurable variables with their attitude toward dental dressing and age had no significant correlation. Kelly et al studied a different offer on cultural differences between people as well as parents indicated²⁰. Ellore et al in the study suggest that the use of colored dressing¹⁵ however, in this study the image with colored dress and appearance and hair regularly with a positive score was 58.66 percent. The results of this study show the appearance is that the dentist more regularly are more acceptable to children and their parents and this is perhaps due to the appearance of a regular dentist probably will be more knowledge and more reliable.

REFRENCES

- Klingberg, G. and A. G. Broberg. "Dental fear/ anxiety and dental behaviour management problems in children and adolescents: a review of prevalence and concomitant psychological factors." *International Journal* of Paediatric Dentistry 17(6): 391-406 (2007).
- 2. Lautch, H. "Dental phobia." *The British Journal of Psychiatry* **119**(549): 151-158 (1971).
- Jongh, A. d., P. Adair and M. Meijerink Anderson. "Clinical management of dental anxiety: what works for whom?" *International* dental journal 55(2): 73-80 (2005).
- Ten Berge, M. "Dental fear in children: clinical consequences Suggested behaviour management strategies in treating children with dental fear." European Archives of Paediatric Dentistry 9(1): 41-46 (2008).
- 5. Buchanan, H. and N. Niven. "Validation of a

- Facial Image Scale to assess child dental anxiety." *International Journal of Paediatric Dentistry* **12**(1): 47-52 (2002).
- Bedi, R., P. Sutcliffe, P. Donnan and J. McConnachie. "The prevalence of dental anxiety in a group of 13 and 14 year old Scottish children." *International Journal of Paediatric Dentistry* 2(1): 17-24 (1992).
- 7. Chapman, H. and N. Kirby-Turner. "Dental Fear in Children–a proposed model." British dental journal **187**(8) (1999).
- 8. Baier, K., P. Milgrom, S. Russell, L. Mancl and T. Yoshida. "Children's fear and behavior in private pediatric dentistry practices." *Pediatric dentistry* **26**(4): 316-321 (2004).
- Nirmala, S., S. Veluru, S. Nuvvula and S. Chilamakuri. "Preferences of Dentist's Attire by Anxious and Nonanxious Indian Children."

- Journal of Dentistry for Children **82**(2): 97-101 (2015).
- Kuscu, O., E. Caglar, N. Kayabasoglu and N. Sandalli. "Preferences of dentist's attire in a group of Istanbul school children related with dental anxiety." European Archives of Paediatric Dentistry 10(1): 38-41 (2009).
- Berggren, U. and A. Linde. "Dental fear and avoidance: a comparison of two modes of treatment." *Journal of Dental Research* 63(10): 1223-1227 (1984).
- Rankin, J. A. and M. B. Harris. "Patients' preferences for dentists' behaviors." The Journal of the American Dental Association 110(3): 323-327 (1985).
- Ayer Jr, W., P. Domoto, E. Gale, E. Joy Jr and B. Melamed (1983). "Overcoming dental fear: strategies for its prevention and management." Journal of the American Dental Association, 107(1): 18 (1939).
- Aitken, J. C., S. Wilson, D. Coury and A. M. Moursi. "The effect of music distraction on pain, anxiety and behavior in pediatric dental patients." *Pediatric dentistry* 24(2): 114-118 (2002).
- 15. Ellore, V. P. K., M. Mohammed, M. Taranath, N. K. Ramagoni, V. Kumar and G. Gunjalli.

- "Children and Parent's Attitude and Preferences of Dentist's Attire in Pediatric Dental Practice." *International journal of clinical pediatric dentistry* **8**(2): 102 (2015).
- 16. Panda, A., I. Garg and A. P. Bhobe. "Children's perspective on the dentist's attire." *International Journal of Paediatric Dentistry* **24**(2): 98-103 (2014).
- 17. McKenna, G., G. Lillywhite and N. Maini. "Patient preferences for dental clinical attire: a cross-sectional survey in a dental hospital." *British dental journal* **203**(12): 681-685 (2007).
- Mistry, D. and J. Tahmassebi. "Children's and parents' attitudes towards dentists' attire." European Archives of Paediatric Dentistry 10(4): 237-240 (2009).
- Sotgiu, G., P. Nieddu, L. Mameli, E. Sorrentino, P. Pirina, A. Porcu, S. Madeddu, M. Idini, M. Di Martino and G. Delitala. "Evidence for preferences of Italian patients for physician attire." *Patient preference and adherence* 6: 361-367 (2012).
- Kelly, G. R., B. Shroff, A. M. Best, E. Tufekci and S. J. Lindauer. "Parents' preferences regarding appearance and attire of orthodontists." *The Angle Orthodontist* 84(3): 404-409 (2013).